



# Accessing Medicaid Nursing Home Services

## What is Medicaid?

Medicaid is the state and federal partnership that provides health coverage for selected categories of individuals with low income and limited assets.

## What is EqualityCare?

EqualityCare is Wyoming's Medicaid program.

## Nursing Home Services

Nursing Home Services are an option for those individuals who need nursing home care and are unable to continue to live in the community.

## Eligibility Criteria

- **Must meet:**
  - U.S. Citizenship/Immigration Status.
  - Resident of Wyoming or intends to reside in Wyoming.
  - Age 65 or older, blind or disabled.
- **Must meet the Medical Necessity for Nursing Home placement**
- **Must meet 30-day Requirement:**
  - Remain in an institution for at least 30 consecutive days; or
  - Verified as SSI eligible.
- **Income is defined as anything received in cash or in kind, that can be used to meet an individual's needs.**
  - Income is counted:
    - When it is received.
    - When it is credited to an individual's account.
    - When it is set aside for an individual's use.
- **Must meet income guideline:**
  - Gross monthly income cannot currently exceed \$2022.
  - Individuals with income above \$2022 may qualify by establishing an Income Trust.
- **Assets include real and personal property that an individual owns. Some assets are not counted in the limit, such as but not limited to:**
  - One (1) home may be excluded if the value is less than \$500,000 and it is the individual's primary place of residence.
  - One (1) Vehicle may be excluded.
- **Must meet asset guidelines:**
  - Individual - \$2,000.
  - Couple - \$3,000, when both are applying.
  - Couple - 109,560 when one is applying.



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- **Transfer of Assets:**

Medicaid law prohibits the transfer of assets for less than market value by an institutionalized Medicaid applicant/recipient or anyone acting on their behalf.

- Certain transfers are allowable, such as the transfer of a home to a spouse or disabled child.
- A 60 month look back period applies to assets transferred on or after 2/8/06.
- A penalty is applied for a period of time based on the uncompensated value of the transferred asset. The length of the penalty is calculated by dividing the uncompensated value of the transferred asset by the average monthly private pay rate for nursing home care (currently \$5,768). The penalty begins the day the applicant becomes Medicaid eligible.
  - During the penalty period the individual may be eligible for Medicaid but Medicaid will not pay for room and board services.

## Patient Contribution

A recipient is responsible to contribute to the cost of his or her care. This payment, often referred to as a patient contribution, is payable to the facility. Patient contribution is the individual's total income less the following allowable deductions:

- \$50 Personal Needs.
- Spousal Maintenance Allowance.
- Medical Expenses not covered by Medicaid, Medicare, private insurance, or a third party.
- Medicare Premium may be deducted for the first two months of eligibility.
- Health Insurance Premium.

## Application Process

Medical Necessity Assessment (LT101) completed by the Public Health Nurse.

Apply at any Department of Family Services Office:

- Complete the Application for Benefits, DFS 100.
  - An interview must be completed within 45 days from the date of application.
  - An application must be approved or denied within 45 days from the date of application unless:
    - Waiting for third party verification. In this case, the decision must be made within 60 days.
    - A pending disability determination. In this case, a decision should be made within 90 days.

Application is not required for individuals receiving SSI.

- If SSI is lost, an application will be required to redetermine eligibility.

## Benefits Begin

Benefits begin the 1<sup>st</sup> day of the application month, if all eligibility factors are met.



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## Retroactive Benefits

Individuals who apply for Medicaid may be eligible to receive benefits for up to three (3) months prior to the month of application. To qualify, the applicant must meet all eligibility requirements during the three (3) months and have received medical services in each of the three (3) months. Applicants are not eligible for room and board prior to the day an LT101 is completed.

## Periodic Reviews

Cases are reviewed every 12 months to determine continued eligibility. A periodic review is not required for SSI individuals.

## Benefits may be lost

Benefits will close on the first day of the next month when any of the following occur:

- Individual leaves the nursing home or hospital, and is not eligible for another Medicaid program.
- Individual does not complete periodic review.
- Individual enters a public institution, excluding Uinta Hall.
- Individual determined no longer eligible.

## Notification to the Applicant

The Department of Family Services notifies the applicant of all pending, approval, denial, closure and determination of patient contribution actions by sending the appropriate computer generated notices, along with a copy of the Notice to License Shelter Care Form to the applicant.

## Notification to Facility

The Department of Family Services notifies the facility of pending, approval, denial, closure and determination of patient contribution actions by sending the Notice to License Shelter Care Form to the facility.

## For more information:

Wyoming Department of Health, Aging Division: <http://wdh.state.wy.us/aging>

Wyoming Department of Health, EqualityCare:

<http://www.health.wyo.gov/healthcarefin/equalitycare>

EqualityCare Eligibility Manual: <http://ecom.health.wyo.gov>